


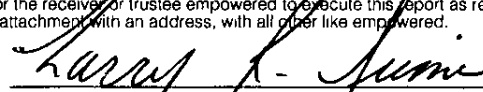


FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P06000001382				Apr 11, 2008 08:00 Secretary of State	
1. Entity Name AIRMECH SOLUTIONS, INC.					
Principal Place of Business PO BOX 1091 GULF BREEZE, FL 32562		Mailing Address PO BOX 1091 GULF BREEZE, FL 32562			
DO NOT WRITE IN THIS SPACE					
		03132008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 20-4062026		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRIMES, LARRY R 3903 INDIA COVE GULF BREEZE, FL 32563		DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		 04/23/08-80016-003 150.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE			
DPST GRIMES, LARRY R 3903 INDIA COVE GULF BREEZE, FL 32563					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		3-14-08 850-916-5151			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			